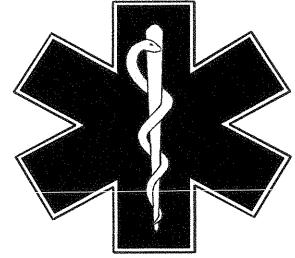


MEMORANDUM



DATE: October 18, 2007

TO: Base Hospital ED Directors, Nurse Managers and PLNs
Receiving Hospital ED Directors and Nurse Managers
ALS, BLS and EMS Aircraft Prehospital Providers
EMS Training Institutions and ICEMA Approved CE Providers
Other Interested Parties

FROM: Reza Vaezazizi, MD
Reza Vaezazizi, MD
Medical Director

SUBJECT: **DELETED LINE REFERRING TO THORACOSTOMY TUBES IN ICEMA PROTOCOL
REFERENCE #13001 INTER-FACILITY TRANSPORT**

I have received an inquiry concerning the reference to thoracostomy tubes in the Inter-Facility Transport Protocol Reference #13001. Under the ALS Policy No. 6, it currently reads "Monitor thoracostomy tubes to water sealed drainage, or clamped thoracostomy tubes". For patient safety reasons, I am deleting the "or clamped thoracostomy tubes" section. Under the ALS Policy No. 6, it will now read **"Monitor thoracostomy tubes to water sealed drainage"**.

The change reflects a potential patient safety issue that could arise from clamping thoracostomy tubes. Clamping thoracostomy tubes may provide conditions that could lead to a tension pneumothorax. Thoracostomy tubes should not be clamped during routine inter-facility transfers.

ICEMA has identified some inconsistencies in this policy, which will be further reviewed at the Protocol Review Committee. Please address your comments or questions to Georgi Collins, RN at (909) 388-5822 or gcollins@cao.sbcounty.gov.

Thank you.

RV:gc
Enclosure

cc: Executive Director, ICEMA
EMCC Members: Inyo, Mono, and San Bernardino County

INTER-FACILITY TRANSPORT

PURPOSE

To identify patient care responsibilities for EMT-I and EMT-Ps during inter-facility transports

AUTHORITY

Title 22, Division 2.5, Sections 1797.214, 1798.170, and 1798.172 of the California Health and Safety Code

BLS POLICY

During an inter-facility an EMT-I or supervised EMT-I student may monitor the following during an inter-facility transport if the patient is non-critical and deemed stable by the transferring physician and the physician has approved transport via BLS ambulance:

1. Monitor a saline lock or peripheral lines delivering fluids in any combination/concentration of Normal Saline, Lactated Ringers, Isolyte or Isolyte M or Dextrose and Water provided the following conditions are met.
 - a. No medications have been added to the IV fluid.
 - b. Maintain the IV at a pre-set rate.
 - c. Check tubing for kinks and reposition arm if necessary.
 - d. Turn off IV fluid if signs/symptoms of infiltration occur.
 - e. Control any bleeding at insertion site.
2. Transport a patient with a Foley catheter provided:
 - a. The catheter is able to drain freely.
 - b. No action is taken to impede flow or contents of drainage collection bag.
3. Transport a patient with a nasogastric or gastrostomy tube provided:
 - a. The tube is clamped
 - b. All patients who have received fluids prior to transport are transferred in a semifowler position to prevent aspiration, unless contraindicated.
4. If the patient's condition deteriorates, the patient should be transported to the closest receiving hospital.

ALS POLICY

During an inter-facility transport, an ICEMA Accredited EMT-P or supervised EMT-P intern may:

1. Monitor peripheral lines delivering fluids in any combination/concentration of normal saline, lactated ringers, isolyte or isolyte M or dextrose and water provided the following conditions are met:
 - a. A written order by the transferring physician is provided to the transporting ALS ambulance.
 - b. No medications will be added to the intravenous fluids by the EMT-P during transport except under direction of the Base Hospital or under radio communication failure.
2. Transport intravenous solutions with added medication (s) as follows:
 - a. Lidocaine
 - b. Dopamine
 - c. Procainamide
 - d. Magnesium Sulfate
 - e. Pitocin (if trained)
3. Monitor and administer medications through a pre-existing vascular access
4. Monitor heparin lock or saline lock

5. Monitor IV solutions containing potassium $\leq 40\text{mEq/L}$
6. Monitor thoracostomy tubes to water sealed drainage
7. Monitor nasogastric tubes
8. Contact assigned Base Hospital per Protocol Reference #14009 Radio Communication if patient condition deteriorates enroute.

APPROVED:**ON FILE**

ICEMA Medical Director Date**ON FILE****ON FILE**

San Bernardino Co. Health Officer Date

Inyo Co. Health Officer Date**ON FILE****ON FILE**

Mono Co. Health Officer Date

ICEMA Executive Director Date